INFORMATION Redacted PURSUANT TO THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C . 552(B)(6)

U.S. Department of Transportation

National Highway Traffic Safety Administration

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire

To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET:www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received	Repository
NOV - 7 2016	☐
14-SEP-2016	Reference No. 10906395

OWNER INFORMATION (Type or Print)

Name		Daytime Telephone Number	E-mail Address
Address		[redacted]	
City WHITTIER	State CA	Zip Code [redacted]	Evening Telephone Number

The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
2D4RN5DG0BR[redacted]	DODGE	GRAND CARAVAN	2011

Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type:
July 2015				V-6	Gas
☐ Original Owner	Dealer's City	State	Zip Code		

Transmission Type		Powertrain	Multiple Failure:	Incident Date(s)
Auto	☒ Antilock Brakes ☒ Cruise Control			15-JUL-2016

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Codes: 022000 SUSPENSION: REAR, 020000 SUSPENSION	Failure Mileage	Failure Speed
	39400	40

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTMAL9ABC036)	☐ Original Equipment ☐ Prior Repair	Failure Location:
Tire Component Code		Tire Failure Type:

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No			N

Narrative Description of Incident(S), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e, parts repaired or replaced (and if old part is available).

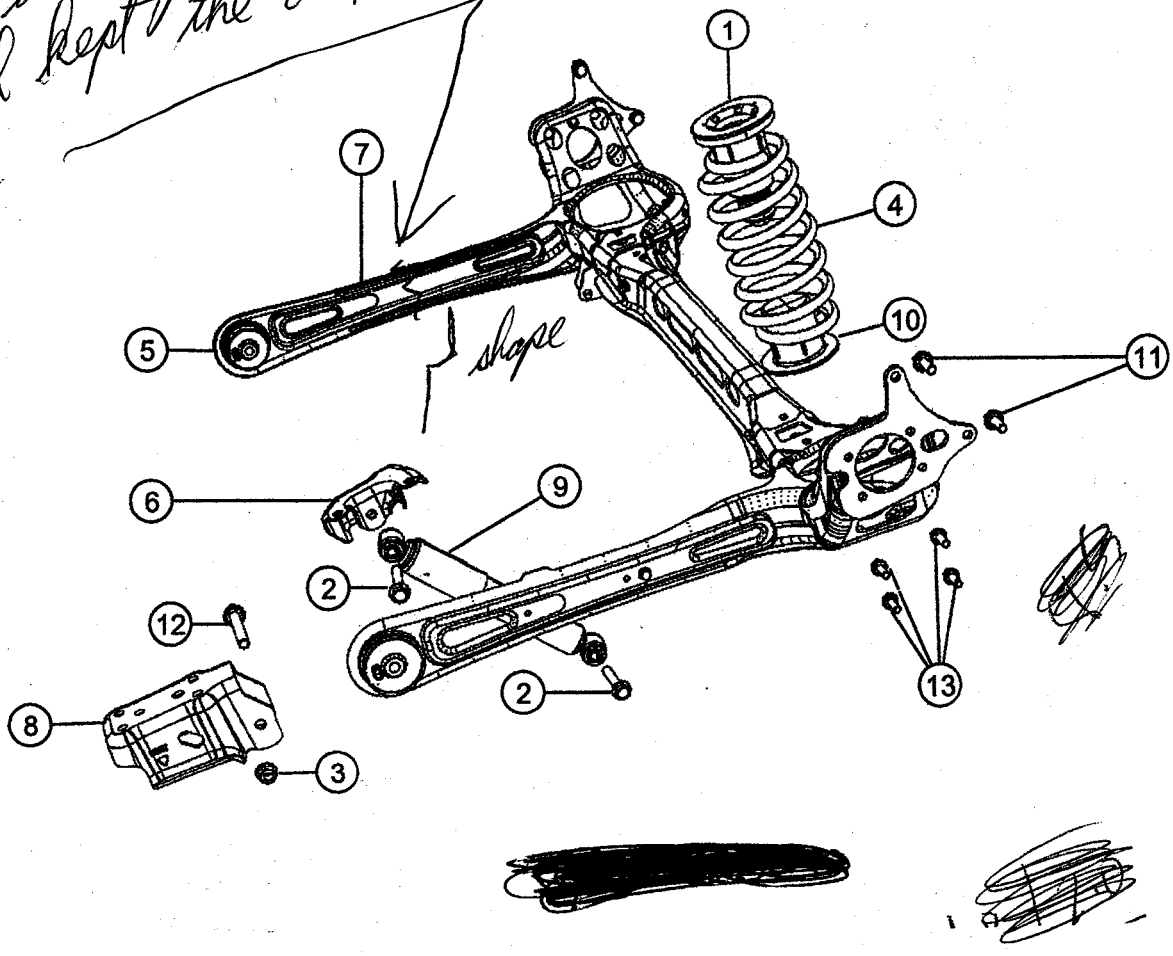
TL* THE CONTACT OWNS A 2011 DODGE GRAND CARAVAN. WHILE DRIVING APPROXIMATELY 40 MPH, THE REAR OF THE VEHICLE STARTED TO WIGGLE BACK AND FORTH. THE CONTACT PULLED OVER AND NOTICED THAT THE PASSENGER SIDE SUSPENSION FRACTURED INTO TWO PIECES. THE FAILURE CAUSED THE TIRES TO WOBBLE. THERE WERE NO WARNING INDICATORS ILLUMINATED. THE VEHICLE WAS TAKEN TO A LOCAL DEALER WHO DIAGNOSED THAT THE REAR SUSPENSION NEEDED TO BE REPLACED. THE MANUFACTURER WAS MADE AWARE OF THE FAILURE AND DOCUMENTED THE FAILURE. THE VEHICLE WAS NOT REPAIRED. THE FAILURE MILEAGE WAS 39,400.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

2D4RN5DG0BR[redacted]2011 RT

017 - Rear Suspension 105 - Suspension, Rear

No warning. This RT. support arm steel tore - ripped in half. I kept the old rear suspension. Which allowed the RT rear tire to wonder. I got this repaired at the dealer.



PUENTE HILLS
CHRYSLER DODGE JEEP RAM

17280 E. Gale Ave.
City of Industry, CA 91748
(626) 626-2000

CHRYSLER DODGE Jeep RAM

Mon. - Fri. 7:00 A.M. to 7:00 P.M.
Saturday 8:00 A.M. to 5:00 P.M.

BAR # ARD 262996 EPA # CAL 000354962

CUSTOMER #: [redacted]

[redacted]

INVOICE

[redacted]

WHITTIER, CA [redacted]

HOME:

BUS:

CONT: [redacted]

CELL:

PAGE 1

SERVICE ADVISOR: 222 BUSTTER TORRES

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN/ OUT	TAG
BRIGHT SIL	11	DODGE GRAND CARAVAN	2D4RN5DG0BR[redacted]		39400/39400	T284

IN SERV. DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
16FEB11 DD			14SEP16		0.00	CASH	16SEP16

R.O. OPENED	DATE CUST. NOTIFIED	OPTIONS:
16:36 09SEP16	14:04 16SEP16	DLR:NONE ENG:3.6_Liter

LINE OPCODE TECH TYPE HOURS	LIST	NET	TOTAL
A CUSTOMER REQUEST TO REPLACE REAR AXLE HOUSING			
1 SERVICE MISC.			
179 IVERSON,STANLEY LIC#: Y			
CPR		577.60	577.60
1 5171467AF AXLE-REAR	775.00	775.00	775.00
PARTS: 775.00 LABOR: 577.60 OTHER: 0.00	TOTAL LINE A:		1352.60

REAR TRAILING ARM IS BROKEN.
REPLACED REAR TRAILING ARM.
ROAD TESTED OK NOW.

****

B PERFORM MULTIPLE POINT VEHICLE INSPECTION AS PER CUSTOMER AUTHORIZATION ($34.95 VALUE)
CAUSE: PREVENTIVE MAINTENANCE
25P PERFORM MULTIPLE POINT VEHICLE INSPECTION AS PER CUSTOMER AUTHORIZATION ($34.95 VALUE)
179 IVERSON,STANLEY LIC#: Y
CPR 0.00 0.00
PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE B: 0.00

INSPECTION COMPLETED SERVICE RECOMMENDATIONS. PLEASE CHECK SERVICE RECORDS.
PERFORM COMPLETE FUEL SYSTEM SERVICE.
REPLACE AIR FILTER AND CABIN AIR FILTER.
FLUSH BRAKE SYSTEM.
REPLACE REAR BRAKE PADS AND RESURFACE ROTORS LININGS ARE LOW 1MM.
ROTATE TIRES.
CUSTOMER ADVISED AND DECLINED AT THIS TIME.

****

PAID SEP 1 6 PAID

DISHONORED CHECK NOTICE:
IF YOU ARE PAYING THIS INVOICE BY CHECK, CALIFORNIA LAW PROVIDES, IN PART, THAT WHEN AN INDIVIDUAL FAILS TO PAY A DISHONORED CHECK IN CASH WITHIN THIRTY (30) DAYS OF DEMAND FOR PAYMENT, HE/SHE SHALL BE LIABLE FOR THE AMOUNT OWING UPON THE CHECK, IN ADDITION TO TREBLE DAMAGES (THREE TIMES THE AMOUNT OF THE CHECK), BUT IN NO CASE LESS THAN ONE HUNDRED DOLLARS ($100) NOR MORE THAN FIVE HUNDRED DOLLARS ($500), PLUS THE COST OF MAILING THE WRITTEN DEMAND. I UNDERSTAND THAT IF MY CHECK IS DISHONORED FOR ANY REASON, I WILL BE SUBJECT TO THE ABOVE DAMAGES.

CHECK NUMBER:

CUSTOMER SIGNATURE

X

ORIGINAL ESTIMATE:	AUTHORIZED REVISED ESTIMATE:
$	$

I ACKNOWLEDGE NOTICE AND ORAL APPROVAL OF AN INCREASE IN THE ORIGINAL ESTIMATE PRICE. CUSTOMER INITIAL X

I ACKNOWLEDGE RECEIPT OF VEHICLE AND I HAVE RECEIVED A COPY OF THIS INVOICE.

CUSTOMER SIGNATURE ▷

DESCRIPTION	TOTALS
LABOR AMOUNT	577.60
PARTS AMOUNT	775.00
GAS, OIL, LUBE	0.00
SUBLET AMOUNT	0.00
MISC. CHARGES	0.00
TOTAL CHARGES	1352.60
LESS INSURANCE	0.00
SALES TAX	69.75
PLEASE PAY THIS AMOUNT	1422.35

CUSTOMER COPY